PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

RED-POO 2

		CLAIMS A	S FILED Cotum			(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			16			•] [RATE	FEE	7	RATE	FEE
F(OR .	•	NUMBER FILED		NUME	MBER EXTRA		BASIC FÉE	385.00	OR	BASIC FEE	770.00
70	TAL CHARGE	ABLE CLAIMS	/6 minus 20=		• 0			XS 9=	·	ОЯ	X\$18=	Ò
INI	DEPENDENT C	LAIMS	/ minus 3 =		2			X43=		OR	X86=	172
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	0
• If the difference in column 1 is less than zero, enter *0* in column 2							L	TOTAL		OR	TOTAL	942
CLAIMS AS AMENDED - PART II										-	OTHER	_ `
_		(Column 1)	· T	(Colun		(Cotumn 3)	·	SMALL		OR	SMALL	
AMENDMENT A	5-24-96	REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	- 14	Minus ·	-2	0	•		X\$ 9=		OR	X\$18=	
	Independent	• 3	Minus			<u> </u>	I	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ı	+145=	_	OR	+290=	/
TOTAL											TOTAL	
10.23.0 (Column 1) (Column 2) (Column 3)											ADDIT. FEE	-
-		(Column 1)	<u>, </u>	(Colum		(Column 3)	1 –					
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 14	Minus	-0	0	• 0	ŀΓ	X\$ 9= .		OR	X\$18=	1
	Independent	. 5	Minus	<	<u> </u>	0	I ∶┞	X43=	• •	OR	X86=	
	FIRST PRESE	NTATION OF ML	ILTIPLE DE	PENDENT	CLAIM	· . D] -					\mathcal{A}
								+145=		OR	+290=	\leftarrow
		· AC	TOTAL DOIT, FEE		OR ,	TOTAL ADDIT. FEE						
		(Column 1)		(Colum		(Column 3)		• •	· .		•	``
ᇎ		Claims Remaining AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	•••		•	-	X43=		. 1	X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DE	PENDENT	CLAIM		 -			OR		
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.												
	the "Highest Nur the "Highest Nur	nber Previously Pai mber Previously Pa	id For IN THI id For IN THI	S SPACE IS	less than less than	20, enter *20.* 3, enter *3.*	~	TOTAL DIT. FEE	·	• •	DDIT. FEEL	
ī	. rugn esi ru m	ber Previously Paid	i ror (iona) o	r independer	11) ES 070	ngress numbe	- 19U/K	1 ਨਾ ਨਾਲ ਵਾਹਿਤ	- CALIFFE DOX	vi coa		_ [